SCHEDULE B (FEC FOIIII 3X)		Use seperate schedule(s)		FOR LINE NUMBER: PAGE 94 / 103 (check only one)		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29	26 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
\rangle	NAME OF COMMITTEE (In Full) American Academy of Otolaryngology-Hea					
۹.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO Box 2334			Transaction ID: D40734 Date of Disbursement 0 5 0 9 2 0 0 7		
		State Zip Code TX 76202		Amount of Each Disbursement this Period	od	
	Purpose of Disbursement Contribution			2500.00		
	Candidate Name Rep. Michael C. Burgess		Category/ Type			
		ment For: 2008 Primary General Other (specify)				
3.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS			Transaction ID: D40862 Date of Disbursement		
	Mailing Address Post Office Box 581			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\D&S&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\D&2&2\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}$		
	•	State Zip Code MI 48116		Amount of Each Disbursement this Period	od	
	Purpose of Disbursement Contribution		• •	1000.00		
	Candidate Name Rep. Michael J. Rogers		Category/ Type			
	Office Sought: X House Senate President State: MI District: 8	ment For: 2008 Primary General Other (specify)				
Э.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS			Transaction ID: D40632 Date of Disbursement		
	Mailing Address 5429 Madison Avenue			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 2 & 3 & M \end{smallmatrix} & \begin{smallmatrix} Y & 2 & 0 & 0 & 7 \\ Y & 2 & 0 & 0 & 7 \end{bmatrix}$		
	•	State Zip Code CA 95841		Amount of Each Disbursement this Period	od	
	Purpose of Disbursement Contribution			5000.00		
	Candidate Name Rep. Mike Thompson					
	X X	ment For: 2008 Primary General Other (specify)				
SUBTOTAL of Disbursements This Page (optional)						
T	OTAL This Period (last page this line number only)					